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FEE TRANSMITTAL			Application Number			10/082,954			
			Filing Date			February 26, 2002			
for FY 2004			First Named Inventor			Simon F. Williams et al.			
Effective 10/01/2003, Patent fees are subject to annual revision.			Examiner Name			Peter Z. Szekely			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit			1714			
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attorney Docket No				lo. MBX	MBX 035 DIV			
METHOD OF PAYMENT (check all that apply)	T	FEE CALCULATION (continued)							
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Deposit Account		rge Entity   Small Entity							
Denocit				Fee Description (\$) <u>Fee Pal</u> e					
Account 50-1868			2051		Surcharge - la	te filling fee or o	path		
Deposit Holland & Knight LLP	1052	50	2052	25	Surcharge - la cover sheat	te provisional f	iling fae or		
Name The Director is authorized to: (check all that epply)	1053	130	1053	130	Non-English s	pecification	-		
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1. BASIC FILING FEE	1252	420	2252	210	Extension for	reply within se	cond month		
Large Entity Small Entity	1253	950	2253	475	Extension for	reply within thi	rd month	<del></del>	
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1001 770 2001 385 Utility filing fee	1255 2		2255	1,005	Extension for	reply within fift	h month		
1002 340 2002 170 Design filing fee	1401	330	2401		Notice of App			<u> </u>	
1003 530 2003 265 Plant filing fee	1402	330	2402		Filing a brief in		appeal	<b></b>	
1004 770 2004 385 Reiseue filling fee	1403 1451 1	290	2403 1451		Request for or				
1005 160 2005 80 Provisional filing fee	1451	110	2452		Petition to inst Petition to revi	•			
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUI	1601 1	1	2501		Utility issue fa				
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Total Claims 31 -33** = X = 1 0.00	1503	640	2503	320	Plant issue fe	ė			
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1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submi (37 CFR 1.12)	salon after fina 3/a))	l rejection		
1203 290 2203 145 Multiple dependent claim, if not paid		770	2810	385	For each addi	tional Invention			
1204 86 2204 43 ** Reissue Independent claims over original patent	- 1801	770	2801	385	•	CFR 1.129(b)) Continued Exar	nination (RCE)		
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	Other fe	of a design application or fee (specify)							
SUBTOTAL (2) (\$) U.UU **or number previously paid, if greater, Fgc.Relssues, see above	ced by Basic Filling Fee Pald SUBTOTAL (3) (\$) 0.00								
SUBMITTED BY				===		(Complete (ii		<del></del>	
Name (Print/Type) Patrea L Pabst			on No.	T	31,284	Telephone	(404)·81	7-B/72	
		tomev/A		<u> </u>	U1,604	Date		****	
Signature Dete January 20, 2004  WARNING: Information on this form may become public. Credit card information should not									

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